



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
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September 15, 2009

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO ACCEPT A SUBAWARD AGREEMENT FROM
HEALTH RESEARCH ASSOCIATION, INC., FOR THE
SEXUALLY TRANSMITTED DISEASE PROGRAM
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Approval to accept a Subaward Agreement from the Health Research Association, Inc. that provides funding from the Centers for Disease Control and Prevention to support the Department of Public Health's ongoing participation in the Integrated, Multi-level Interventions to Improve Adolescent Health Project and the Project's substudy, entitled "Project Connect".

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of the Department of Public Health (DPH), or his designee, to accept and execute Subaward Agreement (Exhibit I) between the Health Research Association, Inc., (HRA) and DPH Sexually Transmitted Disease (STD) Program to support ongoing participation in the Integrated, Multi-level Interventions to Improve Adolescent Health Project (Project Connect) for the period beginning on the date of Board approval through September 29, 2009 for \$29,802, with provisions for two one-year automatic renewal periods (effective September 30, 2009 through September 29, 2010 in the amount of \$357,692 and September 30, 2010 through September 29, 2011 in the amount of \$384,999), in the total amount of \$772,493; 100 percent offset by the Centers for Disease Control and Prevention (CDC) Grant Award 5U83PS922283-07, and issued as a subaward by HRA.



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SEPTEMBER 15, 2009

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

2. Delegate authority to the Director of DPH, or his designee, to accept and execute future subawards and/or amendments related to the Subaward Agreement that provide for the extension of the Subaward Agreement term, that permit the rollover of unspent funds, or that increase or decrease funding up to 25 percent of each year's base award amount, subject to review and approval by County Counsel and the Chief Executive Office (CEO) and notification to your Board.
3. Authorize DPH to fill three full-time equivalent positions: one Chief Research Analyst, one Research Analyst III, and one Research Analyst II, in excess of what is provided for in the DPH staffing ordinance, pursuant to Section 6.06.020 of the County Code, and subject to allocation. These positions are 100 percent offset by grant funds received under the Subaward Agreement.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will allow the STD Program to continue its multi-year participation in the Project Connect study with multiple partners, including HRA, Los Angeles Unified School District (LAUSD) middle and high schools, and the University of California, Los Angeles (UCLA).

The purpose of Project Connect is to develop, implement, and evaluate interventions implemented at four levels of the social context of adolescents in an integrated, cohesive, and developmentally appropriate manner. The four levels in which the interventions are implemented are: 1) parents, 2) health care providers, 3) schools, and 4) community venues. Further, the study determines the ways in which interventions can affect sexual risk behavior. This is done by evaluating protected intercourse, delayed coital debut among non-sexually active adolescents, and promoting a return to abstinence for those adolescents with a history of sexual activity.

To date, Project Connect has been a highly successful research project eliciting data on effective interventions, with the ability to be replicated in other middle and high schools. This action will provide two additional years of funding to complete the study's research activities. In order to implement the interventions at the study's control schools after the two-year period and to fund the development of project material for widespread distribution in LAUSD schools and other urban school districts, the STD program staff are currently identifying and applying for grants.

Under Project Connect, the STD Program, in collaboration with its project partners, implements and studies interventions aimed at reducing the rates of STDs, including HIV, and teen pregnancy among adolescents, grades 6th through 12th. These interventions are monitored and researched to understand how the specific components of the interventions affect sexual risk behavior. This work includes assessing the impact of interventions by measuring the rate of utilization of health care services as reflected

by the rates of initial and continued visits to school-based or community-based health clinics by the Project Connect study population.

The three new Project Connect staff requested in this Board letter each have between six and eight years of project experience. Their continued involvement in the project is required to provide leadership, guarantee receipt of funding, and ensure that the strong working relationships that have been established through this project with HRA, LAUSD, and UCLA since the project's inception in 2002 continue. The project has changed and will be transitioning from a research study that has identified effective school-based structural intervention that will reduce sexually transmitted infections and pregnancy to a program that will be implemented by DPH in LAUSD as well as other local school districts where funding can be obtained and as allowed by local school boards.

Maintaining productive relationships with the Project Connect collaborators is critical to the success of the project. The requested three FTE positions are key in working with LAUSD staff and the participating school sites. These three staff members will assist in overseeing the ongoing development, implementation, and the management of the study. Additionally, these staff will provide the needed infrastructure support for the project, including the administration and delivery of the intervention services to other Project participants.

Implementation of Strategic Plan Goals

These recommended Board actions support Goal 1, Operational Effectiveness, Goal 2, Children, Family and Adult Well-Being, and Goal 4, Health and Mental Health, of the County's Strategic Plan by addressing elements of the social environment to improve population health and reduce health disparities.

FISCAL IMPACT/FINANCING

Under this proposed action, DPH will potentially receive a total of \$772,493 from HRA, \$29,802 for the period of the date of Board approval through September 29, 2009; \$357,692 for the period September 30, 2009 through September 29, 2010, and \$384,999 for the period of September 30, 2010 through September 29, 2011. Funding for 2009-10 and 2010-11 is contingent upon the appropriation of CDC funds by HRA. Funding is included in DPH's Fiscal Year (FY) 2009-10 Adopted Budget and will be requested in future FYs, as necessary.

The Subaward Agreement will provide funding for Project Connect beginning on the date of Board approval through September 29, 2009, in the amount of \$24,100 for salaries and benefits; \$1,485 for services and supplies; and \$4,217 for indirect expenses, for a total amount of \$29,802.

There is no net County cost associated with this action.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In September 2002, HRA received funding from CDC to participate and collaborate with UCLA and LAUSD in a nine-year multi-level and integrated intervention project entitled, the Integrated, Multi-level Interventions to Improve Adolescent Health Project or Project Connect.

On August 21, 2008, CDC awarded Grant Number 5U83PS92283-07 to HRA for project period September 30, 2002 through September 29, 2010 and budget period September 30, 2008 through September 29, 2009 in the amount of \$1,416,858 to support the seventh year of Project Connect in the amount of \$29,802.

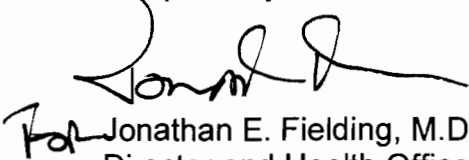
On October 1, 2008, HRA notified DPH STD of the opportunity to fund three program staff to continue the evaluation and implementation of interventions intended to lower STD and pregnancy rates among adolescents in the target populations. Shortly after, DPH STD informed HRA of interest to receive these funds to participate in Project Connect. HRA agreed to transition key personnel to DPH in order to ensure continuation and expansion of intervention targeting LAUSD and other Los Angeles County school districts to reduce pregnancies, HIV and STD.

County Counsel has approved Exhibit I as to form.

IMPACT ON CURENT SERVICES (OR PROJECTS)

Approval of the recommended action will allow DPH to accept grant funds from HRA and provide DPH with an opportunity to continue its participation in Project Connect in evaluating intervention services which may lower the rates of STD and pregnancy among adolescents in the target population.

Respectfully submitted,


Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

JEF: er
#01122

Attachment

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Contract No. _____

Subaward Agreement

THIS COST-REIMBURSEMENT SUBAWARD is between Health Research Association, Inc. (hereinafter HRA) represented by the Principal Investigator and Los Angeles County Department of Public Health (LAC DPH) (hereinafter SUBRECIPIENT), located in Los Angeles, California. HRA has received a research award from the Department of Health and Human Services Centers for Disease Control (CDC) for the project entitled, "Integrated, Multi-level Interventions to Improve Adolescent Health," Award Number 5U83PS922283-07.

Article 1: Statement of Work

The Subrecipient shall provide all necessary and qualified personnel, equipment, material and facilities to accomplish the programmatic and technical activities applicable to the Subrecipient as set forth in Attachments A-1, A-2 and A-3 Statement of Work, attached hereto and incorporated by reference herein.

Article 2: Key Personnel and Performance

The Subrecipient staff is considered key personnel and essential to the work conducted under this Subaward. The Subrecipient will make best efforts in performing the work under this Subaward and services will be rendered at a level commensurate with professional standards acceptable in the discipline and within the scope of the project. The Key Personnel representing HRA and the Subrecipient shall be as follows:

HRA: Principal Investigator

Subrecipient: Jonathan E. Freedman, Chief Deputy Director

Article 3: Period of Performance

The period of performance under this Subaward shall commence on date of County of Los Angeles Board of Supervisors approval through September 29, 2009, with a provisions for a two one year automatic renewals for the periods September 30, 2009 through September 29, 2010, and September 30, 2010 through September 29, 2011, contingent upon the appropriation of funds from CDC.

Article 4: Limitation of Cost

Subject to the availability of funds from CDC, HRA agrees to reimburse Subrecipient for allowable costs actually incurred during performance of the work under this Subaward in accordance with Attachments B-1, B-2 and B-3 Budgets and Budget Justifications, for Fiscal Years (FYs) 2008-09, in the amount not to exceed \$29,802 for FY 2009-10, in the amount not to exceed \$357,692, and for FY 2010-11, in the amount not to exceed \$384,999. Subrecipient shall not be reimbursed for costs incurred in excess of the stated maximum amount payable without an executed amendment to this Subaward. Subrecipient shall notify HRA's Principal Investigator at a time it anticipates that, within 60 days, funding will be insufficient to accomplish the purposes of this Subaward.

Article 5: Invoicing and Payment

Subrecipient may submit invoices to HRA not less frequently than quarterly nor more frequently than monthly. All invoices shall be submitted in duplicate. At a minimum, invoices must include the HRA Subaward Number, identify the period for which reimbursement is being requested, itemize current and cumulative costs by budget category in accordance with the Subrecipient's approved budget appended hereto as Attachment B, and be signed by an authorized representative of the Subrecipient's institution certifying that the expenditures claimed represent actual expenses for the work performed under this Subaward. HRA shall reimburse Subrecipient upon receipt of an acceptable invoice. A final invoice and statement of costs incurred, marked "FINAL", must be submitted no later than sixty (60) days after expiration or termination of this Subaward.

Invoices shall be submitted as follows:

Health Research Association
Attn: Contracts and Grants Administrator
1640 Marengo Street, 7th Floor
Los Angeles, CA 90033

Article 6: Reporting Requirements

Financial and progress reports are required at the end of every quarter. Reports shall contain a brief summary of that period's progress, plans for the upcoming period, major accomplishments or problems, and show the planned-versus-accrual expenditure; other reports including the final will be due within thirty (30) days of the date of formal request. The reports shall be submitted to the HRA technical point of contact, Dennis Lee, at the following email address: dlee@health-research.org. A copy should be forwarded to the HRA administrative point of contact, Joey Saure, at jsaure@health-research.org.

Article 7: Prior Approvals

The administrative requirements for prior approvals will be governed by the Public Health Service Grants Policy Statement with the exception that any extension without additional funds and change in key personnel or to the scope or objectives of the project requires the prior written approval of HRA.

Article 8: Equipment

Purchase of equipment is not authorized under this Subaward.

Article 9: Protection of Research Subjects

If human or animal subjects are used in the conduct of the work performed under this Agreement, a copy of the Subrecipient's approved protocol, including a certification letter verifying human subjects training for all key personnel in accordance with federal regulations. These documents should be submitted to HRA's Principal Investigator and HRA's Contracts and Grants Administrator.

Article 10: HIPAA

The subrecipient acknowledges the applicability of the privacy standards (as set forth in 65 Fed. Reg. 82462-82829 (Dec. 28, 2000)) and other requirements relating to protected health information as defined in the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and agree that the subrecipient will comply with their respective obligations as required by HIPAA. To this end, Principal Investigator shall obtain from each subject enrolled on or after April 14, 2003, an "Authorization for Use and Disclosure of Protected Health Information for Research, Regulatory Approval, and Other Purposes".

Article 11: Publication

All reports, articles, or books produced under this Subaward shall contain the acknowledgement and disclaimer language required by CDC. "This publication (journal, article, etc.) was supported by Cooperative Agreement Number 5U83PS922283-07 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC".

Article 12: Copyright

The Subrecipient reserves the right to protect by copyright original works developed under this Subaward. All such copyrighted works will be in the name of the Subrecipient. The Subrecipient hereby grants to HRA and the U.S. federal government an irrevocable, non-exclusive, worldwide, and royalty-free right and license to use, reproduce, prepare derivative works, distribute copies, and perform and display publicly any copyrighted material developed and/or delivered under this Subaward for the purpose of education or research and to authorize others to do so.

Article 13: Independent Contractor

In the performance of this Subaward, Subrecipient shall be deemed to be an independent contractor and, as such, no employees or staff of Subrecipient assigned to perform work under this Subaward shall be entitled to any benefits applicable to employees of HRA.

Article 14: Assignment

Subrecipient shall not assign, transfer or subcontract its rights, interest, or obligations hereunder without written consent of HRA and modification to this Subaward. Purchase of a controlling interest in Subrecipient by a third party shall be deemed an assignment.

Article 15: Modifications

The terms and conditions of this Subaward may be changed only by mutual agreement. Said modifications shall be in the form of a duly executed amendment to this Subaward.

Article 16: Audit

All costs incurred in the performance of the work under this Subaward will be subject to audit by the Centers for Disease Control and/or an authorized representative of HRA and Subrecipient agrees to provide auditors access to records necessary to support reported costs. Should any costs incurred by Subrecipient be disallowed by audit exception by the Centers for Disease Control or HRA in accordance with applicable cost principles, Subrecipient shall reimburse HRA for said disallowed costs.

If the Subrecipient expends \$500,000 or more a year in federal funds, it shall comply with the requirements of Office of Management and Budget Circular A-133. Subrecipient shall provide to HRA a statement similar to the one included in Attachment E certifying that the required audit has been performed and that no instances of noncompliance with federal laws and regulations which bear directly on the performance or administration of the Subaward were noted. In cases of noncompliance findings, Subrecipient will provide HRA with a copy of its response to the findings and plan for corrective action. All records and reports prepared in accordance with the requirements of OMB A-133 shall be available for inspection by representatives of HRA or CDC during normal business hours.

Article 17: Record Retention

All pertinent records and books of accounts related to this Subaward shall be retained for a period of three (3) years after the expiration or termination of this Subaward. Records relating to any claim arising out of the performance of this Subaward, or costs and expenses to which exception have been taken as a result of audit and/or inspection shall be retained by the Subrecipient until such claim or audit exception has been resolved.

Article 18: Insurance

Subrecipient shall maintain at its own expense, during the period of this agreement, insurance levels consistent with industry standards and at levels sufficient to support their indemnification obligations for general liability, business automobile liability, and worker's compensation as required by the subrecipient's state law. Subrecipient warrants that it maintains a policy, or policies, of insurance at levels consistent with industry standards and at levels sufficient to support their indemnification obligations assumed in Article 19.

Subrecipient, upon execution of this Agreement, shall furnish HRA with a certificate or certificates of insurance, signed by an authorized representative of Subrecipient's insurer(s) or of Subrecipient, if self-insured, evidencing compliance with the above requirements. It should be expressly understood, however, that the coverages and limits required above shall not in any way limit the liability of Subrecipient. Subrecipient's insurance policy/policies shall be primary. This provision, however, shall only apply in proportion and to the extent of subcontractor's negligence. HRA shall be added to the policy or policies (Workers' Compensation excepted) as an Additional Insured, and Severability of Interest Clause and a Cross Liability Clause shall extend to HRA as an additional insured. This provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of Subrecipient, its officers, agents, or employees. The insurance coverages evidenced by the Certificate(s) of Insurance shall not be modified, changed or canceled except after thirty (30) days prior written notice has been given to HRA.

Article 19: Indemnification

Each party shall protect, indemnify, and save the other harmless from and against any damage, cost or liability for any or all injuries to persons or property arising out of the performance of this Subaward but only in proportion to and to the extent such damage, cost or liability results from the negligent or intentional acts or omissions of the indemnifying party, its officers, agents or employees.

Article 20: Termination

- A) This Subaward may be terminated for convenience by either party hereto by giving written notice to the other party thirty (30) days in advance of a specified date of termination.
- B) This Subaward may be terminated for cause in the event that Subrecipient does not perform its obligations as specified under this Subaward or commits any breach of or default in any of the terms and conditions of this Subaward. If Subrecipient fails to remedy such non-performance, breach or default within thirty (30) days after receipt of written notice thereof, HRA may at its option and in addition to other remedies which it may have at law or in equity, terminate this Subaward by sending notice of termination in writing to the Subrecipient. Such termination shall be effective as of the date of the Subrecipient's receipt of such notice.
- C) In the event CDC for any reason terminates its award to HRA, HRA may terminate the performance of the Subrecipient at any time by written notice to Subrecipient.

In the event of termination, HRA will reimburse Subrecipient for all allowable costs incurred and uncancellable obligations made up to and including the date of termination, provided such costs do not exceed the stated maximum amount payable.

Article 21: Administrative Requirements:

This Subaward shall be administered in accordance with and Subrecipient shall comply with the Administrative Requirements listed in Attachment C as applicable, which are incorporated herein by reference.

Article 22: Certifications, Assurances and/or Regulations:

By signing this Subaward, the Subrecipient has executed and shall comply with the certifications, assurances and regulations identified in Attachment D. If, during the performance period of this Subaward, the status of Subrecipient changes relative to any of these certifications or assurances, Subrecipient shall immediately notify HRA and include an explanation of the changes.

Article 23: Administrative and Technical Contacts:

The following individuals shall serve as contacts for communications regarding this Subaward:

Technical

For HRA:

Dennis Lee
1640 Marengo Street, 7th Floor
Los Angeles, CA 90033
Phone: (323) 223-4091 ext. 206
Fax: (323) 342-0947
E-Mail: dlee@health-research.org

For Subrecipient:

Christine J. De Rosa, PhD
205 S. Broadway, Suite 808
Los Angeles, CA 90033
Phone: (213) 229-4440
Fax: (213) 620-0033
E-Mail: cderosa@hra-paramount.org

Administrative

For HRA:

Joey Suarez
Budget/Business Technician
1640 Marengo Street, 7th Floor
Los Angeles, CA 90033
Phone: (323) 223-4091 ext. 122
Fax: (323) 342-0947
E-Mail: jsaure@health-research.org

For Subrecipient:

Jacqueline M. Battle, MS, EdD
2615 S. Grand Avenue, Room 500
Los Angeles, CA 90007
Phone: (213) 744-3116
Fax: (213) 749-9606
E-Mail: jbattle@ph.lacounty.gov

In witness whereof, the parties hereto have executed this Subaward Agreement as of the day and year written.

Subrecipient

Health Research Association, Inc.

By: _____
Jonathan E. Freedman
Chief Deputy Director

By: _____
Kathleen R. Hurtado
President and CEO

Date: _____

Date: _____

Revised: 7/13/09 er

LOS ANGELES COUNTY (LAC) DEPARTMENT OF PUBLIC HEALTH (DPH)
SEXUALLY TRANSMITTED DISEASE PROGRAM (STDP)

**PROJECT TITLE: PROJECT CONNECT : INTEGRATED MULTI-LEVEL INTERVENTIONS
TO IMPROVE ADOLESCENT HEALTH**

STATEMENT OF WORK

Date of Board Approval – September 29, 2009

Goal:

Project Connect is an integrated multi-level intervention to reduce sexually transmitted diseases, including HIV, and teen pregnancy. Health Research Association (Principal Investigator) in collaboration with the Los Angeles Unified School District, the Los Angeles County STD Program, and the University of California at Los Angeles, has been funded by the Centers for Disease Control and Prevention (Division of STD Prevention) to develop, implement and evaluate an intervention package which will target multiple levels of the adolescents' social context, including parents, health care providers, schools and community venues, in an integrated, cohesive, and developmentally appropriate manner.

PROGRAM OBJECTIVES:

Among parents: to increase the appropriate monitoring and supervision of adolescent children as evidenced by use of particular monitoring strategies and family rules; to increase the degree to which adolescent children are supervised in the after-school hours.

Among health care providers and in school-based health centers: to increase access to and utilization of reproductive health care services by adolescents; to increase STD screening of sexually active adolescents; to increase utilization of family planning services among sexually active adolescents.

In schools: to increase access to and utilization of supervised after-school activities, either at school or in the community; to improve the quality and fidelity of health education curriculum provision and teacher training; to increase awareness and utilization of the school-based condom availability programs in high school.

In communities: to facilitate high school students' utilization of mobile STD testing services; to provide schools with information about programs in their communities for use with parents and students; to provide on-line access to intervention targets (parents, school personnel, health care providers) and students.

A. Program development and implementation.

A1. Parent Intervention

Implementation Activities	Timeline	Evaluation/Documentation
	N/A	

A2. School Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Maintain and enhance condom availability program in intervention high schools	Date of Board Approval thru 09/29/2009	Records are kept of all training meetings, including dates, proceedings, and attendees at intervention high schools.
b) Begin development of Interactive DVD-based Training for Middle and High School Health Teachers	Date of Board Approval thru 09/29/2009	Videotaping of health teacher training will be documented by event. Footage will be retained for use in creation of DVD program.

A3. Provider Intervention

Implementation Activities	Timeline	Evaluation/Documentation
	N/A	

A4. Community Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Maintain and advertise study website.	Date of Board Approval thru 09/29/2009	Website updates are implemented yearly.

A5. Continuing Activities

Implementation Activities	Timeline	Evaluation/Documentation
a) Seek continuing funding for intervention activities	Date of Board Approval thru 09/29/2009	A log of proposals and their outcomes will be created and maintained.

B. Program monitoring and evaluation

B1.

Implementation Activities	Timeline	Evaluation/Documentation
a) Survey parents	Date of Board Approval thru 09/29/2009	All steps of the data collection process are recorded for parent surveys, including documentation of those who returned the original letter declining participation, those who declined participation over the phone, all calls made, and how many participated. Survey data are collected and maintained as well.
b) Survey health teachers	Date of Board Approval thru 09/29/2009	Project Connect will seek out all health teachers for participation and will record the percent who participate. Survey data will be collected and added to existing data sets of earlier health teacher surveys, with a variable added for year surveyed.
c) Interview health care providers	Date of Board Approval thru 09/29/2009	All providers complete interviews once yearly. Records are kept of dates of participation and the yearly interview data set is created.

B2.

Implementation Activities	Timeline	Evaluation/Documentation
a) Enter and clean Y5 data.	Date of Board Approval thru 09/29/2009	The Project Connect data team tracks the progress of the data from data collection, to scanning, to verifying the accuracy of the data. Recodes are created to combine variables and make them more usable. The data are distributed to co-investigators.
b) Manuscript development: Provider Intervention Outcome Analysis	Date of Board Approval thru 09/29/2009	A manuscript for this paper will be drafted, circulated, revised and submitted to a journal for consideration of publishing.

Attachment B - Budgets and Budget Justifications

Year 7 Budget Period: Date of Board Approval thru September 29, 2009

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SEXUALLY TRANSMITTED DISEASE PROGRAM**

**PROJECT CONNECT - INTEGRATED MULTI-LEVEL INTERVENTIONS TO
IMPROVE ADOLESCENT HEALTH THROUGH THE PREVENTION OF
SEXUALLY TRANSMITTED DISEASE INCLUDING HIV AND TEEN PREGNANCY**

CDC Grant Number: 5U83PS22283-07

Health Research Association Subcontract

Budget Period: Date of Board Approval thru September 29, 2009

Personnel

	Monthly Salary	Number of Mos	Inst. Base Salary	% of Time	Salary Requested w/ 12.89% salary savings	Employee Benefits*	Total
Chief Research Analyst, Christine DeRosa, PhD	\$7,098.18	1	\$85,178.16	100%	\$6,183.23	\$2,940.12	\$9,123.35
Research Analyst III, Emily Chung, MPH CHES	\$6,385.64	1	\$76,615.68	100%	\$5,561.66	\$2,644.56	\$8,206.22
Research Analyst II, Steve Martinez	\$5,268.00	1	\$63,216.00	100%	\$4,588.96	\$2,182.05	\$6,771.01
Subtotals					\$16,333.85	\$7,766.73	\$24,100.58

*Employee benefits are calculated at 47.55%

Operating Expenses

a. Supplies

Office Supplies \$1,102

b. Other

Mileage (750 miles @
0.51/mile) \$383

Total Operating Expenses \$1,485

Total Direct Expenses (Personnel + Operating Expenses) \$25,585

Indirect (@ 25.82% on total salary expenses) \$4,217

Total LAC DPH Contractual Costs (Direct + Indirect) \$29,802

PERSONNEL

Christine J. De Rosa, PhD (1.00 FTE x 1 mos) Chief Research Analyst, LAC DPH **\$7,098.18**

Dr. De Rosa will be responsible for the development and implementation of all aspects of the study. She will work closely with the Principal Investigator, the CDC Project Officer, and other key contributors in the development of the data collection and intervention protocols, and the implementation of the study activities. She will work closely with Dr. Kerndt to ensure that all aspects of the project, including site operations, data collection, intervention development, analysis and dissemination are completed in a timely and scientifically sound fashion. Dr. De Rosa will be responsible for budgeting and reporting on project activities to the CDC. She will work to coordinate the participation and maximize the effectiveness of all collaborators. She will work closely with the local IRBs to ensure proper research protocol submissions are completed in a timely fashion, and will ensure study activities adhere to human subjects regulations. Dr. De Rosa will oversee the development, implementation and maintenance of all the interventions, ensuring the scientific validity and the systematic delivery of all intervention protocols across all intervention schools. She will work with the data management team to ensure that all data is properly entered.

Dr. De Rosa's expertise is in behavioral science, with research experience focused mainly on adolescent health behavior. She worked as Data Analyst/Research Associate and Research Scientist during her seven years at Children's Hospital Los Angeles. She has given guest lectures at the University of Southern California, and assisted in the development and delivery of research training for Fellows in the Division of Adolescent Medicine at Children's Hospital. She has extensive experience with homeless, runaway and high-risk youth, sexual risk and protective behavior among adolescents, including HIV-testing, and high-risk sexual and drug use behavior.

Emily Q. Chung, MPH, CHES (1.00 FTE x 1 mos) Research Analyst III, LAC DPH **\$6,385.64**

Ms. Chung will be responsible for the day-to-day operation of the study. She will maintain relationships with 2 school complexes, including all school personnel who are instrumental in the implementation of the study. In maintaining her contacts with the Los Angeles Unified School District, including district and school-level administrators and teachers, she will ensure that all aspects of the study are being implemented fully. Ms. Chung will assist in writing the data collection protocol and oversee the implementation of longitudinal and cross-sectional youth survey data collection, as well as all intervention-level specific data collection efforts, including scheduling data collectors, selecting participants, scheduling activities, ordering supplies, supervising staff, and all other oversight responsibilities. She will participate in the development of the interventions and coordinate all intervention activities, ensuring their systematic implementation across all intervention sites. She will coordinate the project specialists to assure that the interventions are implemented in a timely manner and properly maintained. Ms. Chung will continue to assume primary responsibility for the development and delivery of the school-level intervention, as well as participate in the development of all interventions. Furthermore, she will monitor the study budget, all subcontracts, contracts with outside agencies, and assure the timely procurement of study-related materials, such as brochures, pamphlets, and office supplies as necessary. She will hire, train and supervise project staff such as project specialists, data collectors and study staff. Ms. Chung will report directly to the Chief Research Analyst.

Ms. Chung received her Bachelors in Psychology and American Studies from UC Berkeley, her Masters in Public Health from UCLA and is a Certified Health Education Specialist (CHES). She has worked for several years in the field of reproductive health as a peer educator, counselor, and health writer. Ms. Chung has experience facilitating focus groups, conducting presentations and panel discussions. She worked as a community organizer in the field of alcohol problem prevention in low-income and high-risk communities. She also volunteered at a non-profit specializing in media and public health communications. Ms. Chung brings over 10 years of experience in various non-profit and research organizations to the study.

Steve Martinez (1.00 FTE x 1 mos) Research Analyst II, LAC DPH **\$5,268.00**

Mr. Martinez will assist with the day-to-day administration of the operations of the study. He will maintain continuous relations with school contacts at 3-4 school complexes and schedule all data collection events including

meeting with teachers, distributing consent forms, gathering class rosters and other school data, and working with the schools to implement the interventions. He will assist in all aspects of the data collection efforts, overseeing data collection activities in the schools he manages. He will also be integrally involved in the design and implementation of the interventions, in particular the community intervention, via participation in conference calls, and assumption of tasks associated with the interventions. He will assist in the delivery, implementation and maintenance of the interventions, ensuring their systematic delivery in the intervention schools for which he is responsible. Mr. Martinez will continue to assume primary responsibility for all aspects of the creation, updating and maintenance of the project website. Mr. Martinez will also oversee the translation into Spanish of youth surveys, parent materials, and other materials. Furthermore, he will assist the project director in the preparation and submission of IRB applications and LAUSD PERB submission. Mr. Martinez will report to the Research Analyst III.

Mr. Martinez has extensive experience working with LAUSD and collecting data at the school sites. He worked for several years at LAUSD, overseeing the data collection for the YRBS at LAUSD schools. In addition, Mr. Martinez's past experience includes conducting phone interviews with parents from the city of Huntington Park and sitting on the city's youth commission. His bilingual skills are crucial to study efforts to collect data from Spanish-speaking participants. He has worked on Project Connect since the formative stages of the study. Mr. Martinez received his BS in Gerontology (Health Science track) from the University of Southern California.

SALARY REQUESTED (w/ 12.89% salary savings)	\$16,333.85
FRINGE BENEFITS (@ 47.55%)	\$7,766.73
<u>TOTAL PERSONNEL (Salary + Fringe Benefits)</u>	<u>\$24,100.58</u>

OPERATING EXPENSES

a. SUPPLIES

<u>Office Supplies</u>	<u>\$1,102</u>
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Funds are requested for expendable office supplies including pens, pencils, paper, binders, staples, notepads, and folders. These materials are required during data collection and training. Daily office activities also require supplies. The estimated total cost for subcontractor office supplies for one year is \$1,102.

b. OTHER

<u>Mileage/Parking</u>	<u>\$382.50</u>
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During FY 08-09 project employees will be driving to and from schools to meet with teachers, distribution and collection of consent forms, survey administration, intervention implementation and collaborator meetings. The farthest school site from the HRA office is 48 miles round trip and the closest is 4.2 miles. They will each drive an average of 250 miles per month for approximately 2 months. LAC DPH reimburses mileage to staff that travel for study-related purposes. Reimbursement is \$0.51/mile. The total estimated reimbursement for mileage is \$382.50 (3 x 250 x \$0.51).

<u>TOTAL OPERATING EXPENSES</u>	<u>\$1,484</u>
TOTAL DIRECT EXPENSES (Personnel + Operating Expenses)	\$25,585
INDIRECT (@ 25.82% on total salary expenses)	\$4,217
<u>TOTAL FUNDS REQUESTED</u>	<u>\$29,802</u>

LOS ANGELES COUNTY (LAC) DEPARTMENT OF PUBLIC HEALTH (DPH)
SEXUALLY TRANSMITTED DISEASE PROGRAM (STDP)

**PROJECT TITLE: PROJECT CONNECT : INTEGRATED MULTI-LEVEL INTERVENTIONS
TO IMPROVE ADOLESCENT HEALTH**

STATEMENT OF WORK

September 30, 2009 – September 29, 2010

Goal:

Project Connect is an integrated multi-level intervention to reduce sexually transmitted diseases, including HIV, and teen pregnancy. Health Research Association (Peter Kerndt, Principal Investigator) in collaboration with the Los Angeles Unified School District, the Los Angeles County STD Program, and the University of California at Los Angeles, has been funded by the Centers for Disease Control and Prevention (Division of STD Prevention) to develop, implement and evaluate an intervention package which will target multiple levels of the adolescents' social context, including parents, health care providers, schools and community venues, in an integrated, cohesive, and developmentally appropriate manner.

PROGRAM OBJECTIVES:

Among parents: to increase the appropriate monitoring and supervision of adolescent children as evidenced by use of particular monitoring strategies and family rules; to increase the degree to which adolescent children are supervised in the after-school hours.

Among health care providers and in school-based health centers: to increase access to and utilization of reproductive health care services by adolescents; to increase STD screening of sexually active adolescents; to increase utilization of family planning services among sexually active adolescents.

In schools: to increase access to and utilization of supervised after-school activities, either at school or in the community; to improve the quality and fidelity of health education curriculum provision and teacher training; to increase awareness and utilization of the school-based condom availability programs in high school.

In communities: to facilitate high school students' utilization of mobile STD testing services; to provide schools with information about programs in their communities for use with parents and students; to provide on-line access to intervention targets (parents, school personnel, health care providers) and students.

A. Program development and implementation.

A1. Parent Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Distribute bilingual educational print modules by mail to parents of incoming 6 th and 9 th grade students in intervention schools.	Oct-Dec 2009	Tracking of modules sent and dates sent is completed for all modules distributed.
b) Distribute bilingual educational modules to school personnel at intervention middle and high schools for their use in working with parents.	Oct 2009 – June 2010	Tracking of modules distributed and dates distributed is completed when modules are given out.
c) Distribute bilingual DVD created for LAUSD parents to school personnel at 3 intervention high schools and their feeder middle schools (4) for their use in working with parents.	Oct 2009 – June 2010	Tracking of DVDs distributed and dates distributed is completed when DVDs are given out.

A2. School Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Maintain and enhance condom availability program in intervention high schools	Oct 2009 – June 2010	Records are kept of all training meetings, including dates, proceedings, and attendees at intervention high schools.
b) Deliver training to intervention middle and high school health teachers.	Nov 2009 – Feb 2010	Records are kept of all training meetings, including dates, proceedings, and attendees.
c) Continue development of Interactive DVD-based Training for Middle and High School Health Teachers	Oct 2009 – Ongoing	Videotaping of health teacher training will be documented by event. Footage will be retained for use in creation of DVD program.

A3. Provider Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Update (done yearly) and redistribute provider guide to intervention middle and high school nurses and other personnel.	Oct 2009 – Feb 2010	Records are kept of all provider guides distributed to and returned (outdated guides) from school personnel.
b) Convene annual “Link Over Lunch” meetings for intervention middle and high school nurses and community health care providers.	Oct-Nov 2009	Records are kept of all meetings, including dates, proceedings, and attendees.
c) Create and deliver 30-minute educational presentation for middle school nurses to provide up-to-date information on what is known about middle school-aged adolescents’ sexual behavior, how to recognize who is at risk, and what to do about it.	Oct 2009 – March 2010	Records will be kept of all meetings with middle school nurses and will include a listing of attendees and notes of the proceedings.

A4. Community Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Coordinate mobile testing unit events, 1 each semester at each intervention high school that does not have a school-based health center.	Oct 2009 – June 2010	Records are kept of the dates of each event and the number of persons tested at each event at each high school.
b) Maintain and advertise study website.	Oct 2009 – Ongoing	Website updates are implemented yearly.

A5. Continuing Activities

Implementation Activities	Timeline	Evaluation/Documentation
a) Seek continuing funding for intervention activities	Oct 2009 – Ongoing	A log of proposals and their outcomes will be created and maintained.

B. Program monitoring and evaluation

B1.

Implementation Activities	Timeline	Evaluation/Documentation
a) Track and locate longitudinal participants from middle and high schools; administer Y6 surveys.	Oct 2009 – Jan 2010; Feb 2010 – June 2010	Since longitudinal participants were recruited at baseline, Project Connect has maintained records of whether or not longitudinal participants were located in each subsequent study year, and in which schools. Records of their participation are maintained for each year as well, along with their survey data.
b) Administer Y6 surveys to cross-sectional sample in all middle and high schools.	Feb 2010 – June 2010	Participation information is maintained for each data collection year, along with all survey and biological data.
c) Survey health teachers	July – Sept 2010	Project Connect will seek out all health teachers for participation and will record the percent who participate. Survey data will be collected and added to existing data sets of earlier health teacher surveys, with a variable added for year surveyed.

Implementation Activities	Timeline	Evaluation/Documentation
d) Interview health care providers (if continuing guide)	July – Sept 2010	All providers complete interviews once yearly. Records are kept of dates of participation and the yearly interview data set is created.

B2.

Implementation Activities	Timeline	Evaluation/Documentation
a) Enter and clean Y6 data.	July – Sept 2010	The Project Connect data team tracks the progress of the data from data collection, to scanning, to verifying the accuracy of the data. Recodes are created to combine variables and make them more usable. The data are distributed to co-investigators.
b) Manuscript development: Final outcome analyses	Jan-Sept 2010	Manuscripts will be drafted, circulated, revised and submitted to a journal for consideration of publishing.
c) Manuscript development: Condom Availability Program Outcome Analysis	Jan-June 2010	A manuscript for this paper will be drafted, circulated, revised and submitted to a journal for consideration of publishing.
d) Manuscript development: Change in Onset of Sexual Activity Outcome Analysis	July-Sept 2010	A manuscript for this paper will be drafted, circulated, revised and submitted to a journal for consideration of publishing.

Year 8 Budget Period: September 30, 2009 thru September 29, 2010

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SEXUALLY TRANSMITTED DISEASE PROGRAM

**PROJECT CONNECT - INTEGRATED MULTI-LEVEL INTERVENTIONS TO
IMPROVE ADOLESCENT HEALTH THROUGH THE PREVENTION OF
SEXUALLY TRANSMITTED DISEASE INCLUDING HIV AND TEEN PREGNANCY**

CDC Grant Number: 5U83PS922283-07

Health Research Association Subcontract

Budget Period: September 30, 2009 thru September 29, 2010

Personnel

	Monthly Salary	Number of Mos	Inst. Base Salary	% of Time	Salary Requested w/ 10% salary savings	Employee Benefits*	Total
Chief Research Analyst, Christine DeRosa, PhD	\$7,098.18	12	\$85,178.16	100%	\$76,660.35	\$36,451.99	\$113,112.34
Research Analyst III, Emily Chung, MPH CHES	\$6,384.64	12	\$76,615.68	100%	\$68,954.12	\$32,787.68	\$101,741.80
Research Analyst II, Steve Martinez	\$5,268.00	12	\$63,216.00	100%	\$56,894.40	\$27,053.28	\$83,947.68
Subtotals					\$202,508.87	\$96,292.95	\$298,801.82

*Employee benefits are calculated at 47.55%

Operating Expenses

a. Supplies

Office Supplies

\$1,102

b. Other

Mileage (10,784.31 miles @
0.51/mile)

\$5,500

Total Operating Expenses

\$6,602

Total Direct Expenses (Personnel + Operating Expenses)

\$305,404

Indirect (@ 25.82% on total salary expenses)

\$52,288

Total LAC DPH Contractual Costs (Direct + Indirect)

\$357,692

PERSONNEL

Christine J. De Rosa, PhD (1.00 FTE x 12 mos) Chief Research Analyst, LAC DPH **\$85,178.16**

Dr. De Rosa will be responsible for the development and implementation of all aspects of the study. She will work closely with the Principal Investigator, the CDC Project Officer, and other key contributors in the development of the data collection and intervention protocols, and the implementation of the study activities. She will work closely with Dr. Kerndt to ensure that all aspects of the project, including site operations, data collection, intervention development, analysis and dissemination are completed in a timely and scientifically sound fashion. Dr. De Rosa will be responsible for budgeting and reporting on project activities to the CDC. She will work to coordinate the participation and maximize the effectiveness of all collaborators. She will work closely with the local IRBs to ensure proper research protocol submissions are completed in a timely fashion, and will ensure study activities adhere to human subjects regulations. Dr. De Rosa will oversee the development, implementation and maintenance of all the interventions, ensuring the scientific validity and the systematic delivery of all intervention protocols across all intervention schools. She will work with the data management team to ensure that all data is properly entered.

Dr. De Rosa's expertise is in behavioral science, with research experience focused mainly on adolescent health behavior. She worked as Data Analyst/Research Associate and Research Scientist during her seven years at Children's Hospital Los Angeles. She has given guest lectures at the University of Southern California, and assisted in the development and delivery of research training for Fellows in the Division of Adolescent Medicine at Children's Hospital. She has extensive experience with homeless, runaway and high-risk youth, sexual risk and protective behavior among adolescents, including HIV-testing, and high-risk sexual and drug use behavior.

Emily Q. Chung, MPH, CHES (1.00 FTE x 12 mos) Research Analyst III, LAC DPH **\$76,615.68**

Ms. Chung will be responsible for the day-to-day operation of the study. She will maintain relationships with 2 school complexes, including all school personnel who are instrumental in the implementation of the study. In maintaining her contacts with the Los Angeles Unified School District, including district and school-level administrators and teachers, she will ensure that all aspects of the study are being implemented fully. Ms. Chung will assist in writing the data collection protocol and oversee the implementation of longitudinal and cross-sectional youth survey data collection, as well as all intervention-level specific data collection efforts, including scheduling data collectors, selecting participants, scheduling activities, ordering supplies, supervising staff, and all other oversight responsibilities. She will participate in the development of the interventions and coordinate all intervention activities, ensuring their systematic implementation across all intervention sites. She will coordinate the project specialists to assure that the interventions are implemented in a timely manner and properly maintained. Ms. Chung will continue to assume primary responsibility for the development and delivery of the school-level intervention, as well as participate in the development of all interventions. Furthermore, she will monitor the study budget, all subcontracts, contracts with outside agencies, and assure the timely procurement of study-related materials, such as brochures, pamphlets, and office supplies as necessary. She will hire, train and supervise project staff such as project specialists, data collectors and study staff. Ms. Chung will report directly to the Chief Research Analyst.

Ms. Chung received her Bachelors in Psychology and American Studies from UC Berkeley, her Masters in Public Health from UCLA and is a Certified Health Education Specialist (CHES). She has worked for several years in the field of reproductive health as a peer educator, counselor, and health writer. Ms. Chung has experience facilitating focus groups, conducting presentations and panel discussions. She worked as a community organizer in the field of alcohol problem prevention in low-income and high-risk communities. She also volunteered at a non-profit specializing in media and public health communications. Ms. Chung brings over 10 years of experience in various non-profit and research organizations to the study.

Steve Martinez (1.00 FTE x 12 mos) Research Analyst II, LAC DPH **\$63,216.00**

Mr. Martinez will assist with the day-to-day administration of the operations of the study. He will maintain continuous relations with school contacts at 3-4 school complexes and schedule all data collection events including

meeting with teachers, distributing consent forms, gathering class rosters and other school data, and working with the schools to implement the interventions. He will assist in all aspects of the data collection efforts, overseeing data collection activities in the schools he manages. He will also be integrally involved in the design and implementation of the interventions, in particular the community intervention, via participation in conference calls, and assumption of tasks associated with the interventions. He will assist in the delivery, implementation and maintenance of the interventions, ensuring their systematic delivery in the intervention schools for which he is responsible. Mr. Martinez will continue to assume primary responsibility for all aspects of the creation, updating and maintenance of the project website. Mr. Martinez will also oversee the translation into Spanish of youth surveys, parent materials, and other materials. Furthermore, he will assist the project director in the preparation and submission of IRB applications and LAUSD PERB submission. Mr. Martinez will report to the Research Analyst III.

Mr. Martinez has extensive experience working with LAUSD and collecting data at the school sites. He worked for several years at LAUSD, overseeing the data collection for the YRBS at LAUSD schools. In addition, Mr. Martinez's past experience includes conducting phone interviews with parents from the city of Huntington Park and sitting on the city's youth commission. His bilingual skills are crucial to study efforts to collect data from Spanish-speaking participants. He has worked on Project Connect since the formative stages of the study. Mr. Martinez received his BS in Gerontology (Health Science track) from the University of Southern California.

SALARY REQUESTED	(w/ 10% salary savings)	\$202,509
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FRINGE BENEFITS (@ 47.55%)	\$96,293
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<u>TOTAL PERSONNEL (Salary + Fringe Benefits)</u>	<u>\$298,802</u>
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OPERATING EXPENSES

a. SUPPLIES

<u>Office Supplies</u>	<u>\$1,102</u>
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Funds are requested for expendable office supplies including pens, pencils, paper, binders, staples, notepads, and folders. These materials are required during data collection and training. Daily office activities also require supplies. The estimated total cost for subcontractor office supplies for one year is \$1,102.

b. OTHER

<u>Mileage/Parking</u>	<u>\$5,500</u>
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During one year of the study, subcontractors will be driving to and from schools to meet with teachers, distribution and collection of consent forms, survey administration, intervention implementation and collaborator meetings. The farthest school site from the HRA office is 48 miles round trip and the closest is 4.2 miles. They will each drive an average of 299 miles per month or approximately 10,784 miles a year. LAC DPH reimburses mileage to staff that travel for study-related purposes. Reimbursement is \$0.51/mile. The total estimated reimbursement for mileage for year seven is \$5,500 (3 x 3,595 x \$0.51).

<u>TOTAL OPERATING EXPENSES</u>	<u>\$6,602</u>
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TOTAL DIRECT EXPENSES (Personnel + Operating Expenses)	\$305,404
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INDIRECT (@ 25.82% on total salary expenses)	\$52,288
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<u>TOTAL FUNDS REQUESTED</u>	<u>\$357,692</u>
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LOS ANGELES COUNTY (LAC) DEPARTMENT OF PUBLIC HEALTH (DPH)
SEXUALLY TRANSMITTED DISEASE PROGRAM (STDP)

**PROJECT TITLE: PROJECT CONNECT : INTEGRATED MULTI-LEVEL INTERVENTIONS
TO IMPROVE ADOLESCENT HEALTH**

STATEMENT OF WORK

September 30, 2010 – September 29, 2011

Goal:

Project Connect is an integrated multi-level intervention to reduce sexually transmitted diseases, including HIV, and teen pregnancy. Health Research Association (Peter Kerndt, Principal Investigator) in collaboration with the Los Angeles Unified School District, the Los Angeles County STD Program, and the University of California at Los Angeles, has been funded by the Centers for Disease Control and Prevention (Division of STD Prevention) to develop, implement and evaluate an intervention package which will target multiple levels of the adolescents' social context, including parents, health care providers, schools and community venues, in an integrated, cohesive, and developmentally appropriate manner.

PROGRAM OBJECTIVES:

Among parents: to increase the appropriate monitoring and supervision of adolescent children as evidenced by use of particular monitoring strategies and family rules; to increase the degree to which adolescent children are supervised in the after-school hours.

Among health care providers and in school-based health centers: to increase access to and utilization of reproductive health care services by adolescents; to increase STD screening of sexually active adolescents; to increase utilization of family planning services among sexually active adolescents.

In schools: to increase access to and utilization of supervised after-school activities, either at school or in the community; to improve the quality and fidelity of health education curriculum provision and teacher training; to increase awareness and utilization of the school-based condom availability programs in high school.

In communities: to facilitate high school students' utilization of mobile STD testing services; to provide schools with information about programs in their communities for use with parents and students; to provide on-line access to intervention targets (parents, school personnel, health care providers) and students.

A. Program development and implementation.

A1. Parent Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Adapt parent modules for dissemination.	Oct 2010 – Dec 2010	New versions of the modules will be created with Los Angeles-specific information deleted for national dissemination by the CDC
b) Develop and manualize parent center DVD workshops.	Oct 2010 – May 2011	Based on the parent DVD, a set of trainings will be developed for delivery by parent center coordinators. A manual and training protocol will be created.
c) Pilot test parent center DVD workshops.	June 2011 – Sept 2011	Trainings will be pilot tested at 4 high schools.

A2. School Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Create manual for enhancement of condom availability program.	Feb 2011 – May 2011	A manual will be created that outlines all the steps Project Connect used to facilitate the implementation and expansion of the CAP, and to promote its use. The manual will be prepared to go to LAUSD for their use, as well as for wider dissemination.
b) Create health teacher training DVD.	Oct 2010 – Sept 2011	Using video clips obtained during health teacher trainings and supplemental filming, a DVD program will be developed with different participants adding context on different tracks as voice-over.

A3. Provider Intervention

Implementation Activities	Timeline	Evaluation/Documentation
a) Manualize provider intervention	June 2011 – Sept 2011	A manual outlining how providers were identified, assessed, and incorporated into the study will be created. The manual will be designed to show how the guide was used and how to do the activities to promote use of the guide. The manual will be prepared for LAUSD and LACDPH to use, or for wider dissemination.
b) Manualize middle school nurses education – Deliver presentations for district middle school nurses	June 2011 – Sept 2011	The two educational pieces developed for middle school nurses will be updated to show where new information will need to be incorporated as the nurse education is delivered over a period of years. Presentations will also be made by invitation of LAUSD to any nurse meetings at the discretion of the Director of Student Nursing Services.

A5. Continuing Activities

Implementation Activities	Timeline	Evaluation/Documentation
a) Seek continuing funding for intervention activities	Oct 2010 – Ongoing	A log of proposals and their outcomes will be created and maintained.

B. Program monitoring and evaluation

B1.

Implementation Activities	Timeline	Evaluation/Documentation
a) Manuscript development: Additional outcome analyses; secondary data analyses	Oct 2010 – Sept 2011	Manuscripts will be drafted, circulated, revised and submitted to a journal for consideration of publishing.
b) Manuscript development: Level-specific outcome analyses	Oct 2010 – Sept 2011	Manuscripts will be drafted, circulated, revised and submitted to a journal for consideration of publishing.

Year 9 Budget Period: September 30, 2010 thru September 29, 2011

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SEXUALLY TRANSMITTED DISEASE PROGRAM**

**PROJECT CONNECT - INTEGRATED MULTI-LEVEL INTERVENTIONS TO
IMPROVE ADOLESCENT HEALTH THROUGH THE PREVENTION OF
SEXUALLY TRANSMITTED DISEASE INCLUDING HIV AND TEEN PREGNANCY**

CDC Grant Number: 5U83PS922283-07

Health Research Association Subcontract

Budget Period: September 30, 2010 thru September 29, 2011

Personnel

	Monthly Salary	Number of Mos	Inst. Base Salary	% of Time	Salary Requested w/ 3% salary savings	Employee Benefits*	Total
Chief Research Analyst, Christine DeRosa, PhD	\$7,098.18	12	\$85,178.16	100%	\$82,622.82	\$39,287.15	\$121,909.97
Research Analyst III, Emily Chung, MPH CHES	\$6,384.64	12	\$76,615.68	100%	\$74,317.21	\$35,337.83	\$109,655.04
Research Analyst II, Steve Martinez	\$5,268.00	12	\$63,216.00	100%	\$61,319.52	\$29,157.43	\$90,476.95
Subtotals					\$218,259.55	\$103,782.41	\$322,041.96

*Employee benefits are calculated at 47.55%

Operating Expenses

a. Supplies

Office Supplies \$1,102

b. Other

Mileage (10,784.31 miles @
0.51/mile) \$5,500

Total Operating Expenses **\$6,602**

Total Direct Expenses (Personnel + Operating Expenses) **\$328,644**

Indirect (@ 25.82% on total salary expenses) \$56,355

Total LAC DPH Contractual Costs (Direct + Indirect) **\$384,999**

PERSONNEL**Christine J. De Rosa, PhD (1.00 FTE x 12 mos) Chief Research Analyst, LAC DPH \$78,364**

Dr. De Rosa will be responsible for the development and implementation of all aspects of the study. She will work closely with the Principal Investigator, the CDC Project Officer, and other key contributors in the development of the data collection and intervention protocols, and the implementation of the study activities. She will work closely with Dr. Kerndt to ensure that all aspects of the project, including site operations, data collection, intervention development, analysis and dissemination are completed in a timely and scientifically sound fashion. Dr. De Rosa will be responsible for budgeting and reporting on project activities to the CDC. She will work to coordinate the participation and maximize the effectiveness of all collaborators. She will work closely with the local IRBs to ensure proper research protocol submissions are completed in a timely fashion, and will ensure study activities adhere to human subjects regulations. Dr. De Rosa will oversee the development, implementation and maintenance of all the interventions, ensuring the scientific validity and the systematic delivery of all intervention protocols across all intervention schools. She will work with the data management team to ensure that all data is properly entered.

Dr. De Rosa's expertise is in behavioral science, with research experience focused mainly on adolescent health behavior. She worked as Data Analyst/Research Associate and Research Scientist during her seven years at Children's Hospital Los Angeles. She has given guest lectures at the University of Southern California, and assisted in the development and delivery of research training for Fellows in the Division of Adolescent Medicine at Children's Hospital. She has extensive experience with homeless, runaway and high-risk youth, sexual risk and protective behavior among adolescents, including HIV-testing, and high-risk sexual and drug use behavior.

Emily O. Chung, MPH, CHES (1.00 FTE x 12 mos) Research Analyst III, LAC DPH \$70,487

Ms. Chung will be responsible for the day-to-day operation of the study. She will maintain relationships with 2 school complexes, including all school personnel who are instrumental in the implementation of the study. In maintaining her contacts with the Los Angeles Unified School District, including district and school-level administrators and teachers, she will ensure that all aspects of the study are being implemented fully. Ms. Chung will assist in writing the data collection protocol and oversee the implementation of longitudinal and cross-sectional youth survey data collection, as well as all intervention-level specific data collection efforts, including scheduling data collectors, selecting participants, scheduling activities, ordering supplies, supervising staff, and all other oversight responsibilities. She will participate in the development of the interventions and coordinate all intervention activities, ensuring their systematic implementation across all intervention sites. She will coordinate the project specialists to assure that the interventions are implemented in a timely manner and properly maintained. Ms. Chung will continue to assume primary responsibility for the development and delivery of the school-level intervention, as well as participate in the development of all interventions. Furthermore, she will monitor the study budget, all subcontracts, contracts with outside agencies, and assure the timely procurement of study-related materials, such as brochures, pamphlets, and office supplies as necessary. She will hire, train and supervise project staff such as project specialists, data collectors and study staff. Ms. Chung will report directly to the Chief Research Analyst.

Ms. Chung received her Bachelors in Psychology and American Studies from UC Berkeley, her Masters in Public Health from UCLA and is a Certified Health Education Specialist (CHES). She has worked for several years in the field of reproductive health as a peer educator, counselor, and health writer. Ms. Chung has experience facilitating focus groups, conducting presentations and panel discussions. She worked as a community organizer in the field of alcohol problem prevention in low-income and high-risk communities. She also volunteered at a non-profit specializing in media and public health communications. Ms. Chung brings over 10 years of experience in various non-profit and research organizations to the study.

Steve Martinez (1.00 FTE x 12 mos) Research Analyst I, LAC DPH \$50,778

Mr. Martinez will assist with the day-to-day administration of the operations of the study. He will maintain continuous relations with school contacts at 3-4 school complexes and schedule all data collection events including meeting with teachers, distributing consent forms, gathering class rosters and other school data, and working with the schools to implement the interventions. He will assist in all aspects of the data collection efforts, overseeing data collection activities in the schools he manages. He will also be integrally involved in the design and implementation of the interventions, in particular the community intervention, via participation in conference calls, and assumption of tasks associated with the interventions. He will assist in the delivery, implementation and maintenance of the

interventions, ensuring their systematic delivery in the intervention schools for which he is responsible. Mr. Martinez will continue to assume primary responsibility for all aspects of the creation, updating and maintenance of the project website. Mr. Martinez will also oversee the translation into Spanish of youth surveys, parent materials, and other materials. Furthermore, he will assist the project director in the preparation and submission of IRB applications and LAUSD PERB submission. Mr. Martinez will report to the Research Analyst III.

Mr. Martinez has extensive experience working with LAUSD and collecting data at the school sites. He worked for several years at LAUSD, overseeing the data collection for the YRBS at LAUSD schools. In addition, Mr. Martinez's past experience includes conducting phone interviews with parents from the city of Huntington Park and sitting on the city's youth commission. His bilingual skills are crucial to study efforts to collect data from Spanish-speaking participants. He has worked on Project Connect since the formative stages of the study. Mr. Martinez received his BS in Gerontology (Health Science track) from the University of Southern California.

SALARY REQUESTED (w/ 3% salary savings)	\$218,260
FRINGE BENEFITS (@ 47.55%)	\$103,782
TOTAL PERSONNEL (Salary + Fringe Benefits)	\$322,042

OPERATING EXPENSES

a. SUPPLIES

Office Supplies	\$1,102
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Funds are requested for expendable office supplies including pens, pencils, paper, binders, staples, notepads, and folders. These materials are required during data collection and training. Daily office activities also require supplies. The estimated total cost for subcontractor office supplies for one year is \$1,102.

b. OTHER

Mileage/Parking	\$5,500
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During one year of the study project employees will be driving to and from schools to meet with teachers, distribution and collection of consent forms, survey administration, intervention implementation and collaborator meetings. The farthest school site from the HRA office is 48 miles round trip and the closest is 4.2 miles. They will each drive an average of 299 miles per month or approximately 10,784 miles a year. LAC DPH reimburses mileage to staff that travel for study-related purposes. Reimbursement is \$0.51/mile. The total estimated reimbursement for mileage is \$5,500 (10,784.31 miles @ \$0.51).

TOTAL OPERATING EXPENSES	\$6,602
TOTAL DIRECT EXPENSES (Personnel + Operating Expenses)	\$328,644
INDIRECT (@ 25.82% on total salary expenses)	\$56,355
TOTAL FUNDS REQUESTED	\$384,999

Attachment C - Administrative Requirements

PHS Grants Policy Statement

45 CFR Part 74.

OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations", as revised.

OMB Circular A-21, "Cost Principles for Educational Institutions", as revised.

OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", as revised.

Attachment D - Compliance Requirements

Civil Rights. Compliance with Title VI of the Civil Rights Act of 1964.

Handicapped Individuals. Compliance with Section 504 of the Rehabilitation Act of 1973 as amended.

Sex Discrimination. Compliance with Section 901 of Title IX of the Education Amendments of 1972 as amended.

Age Discrimination. Compliance with the Age Discrimination Act of 1975 as amended.

Drug-Free Workplace. Compliance with the Drug-Free Workplace Act of 1988.

Patents, Licenses, and Inventions. Compliance with the Standard Patent Rights clauses as specified in 37 CFR, Part 401.14 and/or 35 U.S.C. 203, whichever is appropriate and applicable. Subrecipient shall notify University's Administrative Contact, as stated in Article 22, within two months after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. Subrecipient shall use form HHS568 to report invention(s). A negative report is not required.

Human Subjects. Compliance with the requirements of federal policy (P.L. 93-348) concerning the safeguarding of the rights and welfare of human subjects who are involved in activities supported by Federal funds.

Use of Animals. Compliance with applicable portions of the Animal Welfare Act (PL 89-544 as amended).

Use of program income. "PROGRAM INCOME PROVISION"

Debarment and Suspension. SUBRECIPIENT specifically certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.

Non-Delinquency on Federal Debt. SUBRECIPIENT specifically certifies that neither it nor any person to be paid from funds under this Agreement is delinquent in repaying any Federal debit as defined by OMB Circular A-129.

Restrictions on Lobbying. Compliance with PL 101-121, Title 31, Section 1352, which prohibits the use of Federally appropriated funds for lobbying in connection with this particular Agreement.

Affirmative action for disabled Veterans and Veterans of the Vietnam era Compliance with Public Laws 92-540 and 93-508, Executive Order 11701, and the regulations of the Secretary of Labor (41 CFR Part 60-250) in promoting employment opportunities for disabled and Vietnam veterans.

ATTACHMENT E - A-133 CERTIFICATION

The undersigned, being an authorized financial officer of the referenced Subrecipient, hereby certifies that:

_____The Subrecipient's total Federal expenditures for fiscal year ending _____do not exceed \$500,000.00.
The Subrecipient is exempt from Federal Audit requirements for the subaward period of performance.

_____The Subrecipient has had an A-133 compliance audit for fiscal year ending _____ and has not been informed of any instances of non-compliance with federal laws and regulations that have a direct bearing on this Agreement. A copy of the Subrecipient's written notification as promulgated in Subpart C, Section.320(e)(2) of OMB Circular A-133 is attached.

_____The Subrecipient has had an A-133 compliance audit for fiscal year ending _____and has been informed of instances of non-compliance with federal laws and regulations that have a direct bearing on this Agreement. Copies of the Subrecipient's written notification and reporting package as promulgated in Subpart C, Section.320(E)(1) and (2) of OMB Circular A-133 are attached.

_____The Subrecipient has not yet completed an A-133 compliance audit for fiscal year ending _____. The audit is to be completed by _____. A copy of the Subrecipient's written notification and, if applicable, the reporting package will be forwarded to HRA when available.

Signature

Date

Typed Name and Title